Clarke County Environmental Services

Sanitarian • Zoning • Emergency Management

Allan Mathias, Director Greg Kent, Environmental Health Specialist

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APPLICATION FOR CHANGE OF PROPERTY DISTRICT CLASSIFICATION

	Date:			
Application is hereby subm	Pho	Phone:		
(Site's 911 Address)	(City	<u>(St</u>	(State) (Zip Code)	
Property Owner (If differen	Pl	Phone:		
(Owner's Address)	(City	<u>(St</u>	rate)	(Zip Code)
then complete a recomment Supervisors (BOS) for cons property and/or additional p Legal Description (Or attack	who shall hold at least one p dation and then shall certify to sideration. If the BOS deny a property may be considered f th copy of Deed): district to distri	the recommendation in application, no new for one year.	to the Board application	of for the same
List property owners locate (Owner's Name)	ed within five hundred (500) (Address)	feet of your property: (City)	(Attach additional	sheet if needed.) (Zip Code)
(Owner's Name)	(Address)	(City)	(State)	(Zip Code)
(Owner's Name)	(Address)	(City)	(State)	(Zip Code)
(Owner's Name)	(Address)	(City)	(State)	(Zip Code)
(Owner's Name)	(Address)	(City)	(State)	(Zip Code)
Date Application Received:	Office Use On Public Hearing Set For:		Notice to Paper:	
Date to be Published:	Notice vs Hearing:	Zoning Commission	Zoning Commission Decision:	

Any Conditions:	Date Certified to BOS:	BOS Decision & Date: